



PATIENT

Freddie Reynolds

PRESENTING CLINICAL SIGNS

History: lethargic decreased ALP increased T Bili

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Terrier Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Neutered male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Both kidneys measured 5.2 cm.

AGE

5 years

Adrenal Glands

WEIGHT

24 lbs

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm and the right adrenal gland measured 0.7 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

A 5.0 cm ruptured **splenic** mass was noted in the cranial pole. This lesion appears isolated.

IMAGING PERFORMED BY

Jenn

Liver

HOSPITAL NAME

Rocakway AH

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Maniar

Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

DATE

3/10/23



PATIENT

Pancreas

Freddie Reynolds

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SPECIES

Canine

Free Abdomen

BREED

Terrier Mix

Echogenic free fluid and enhanced omentum was noted. This is owing to a ruptured splenic mass.

SEX

Neutered male

Heart

Rapid view of the heart revealed no evidence of pathology.

AGE

5 years

ULTRASONOGRAPHIC FINDINGS

Isolated, ruptured splenic mass. Hemangiosarcoma versus abscess granulomatous lesion possible, and less likely round cell neoplasia

WEIGHT

24 lbs

Free fluid and echogenic omentum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is necessary. Chest radiographs are recommended to assess for any comorbidities.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rocakway AH

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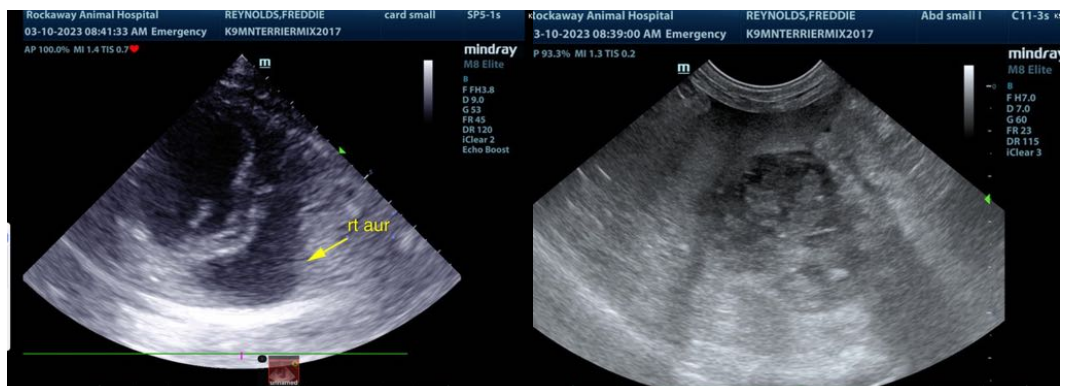
Dr. Maniar

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SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

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WEIGHT

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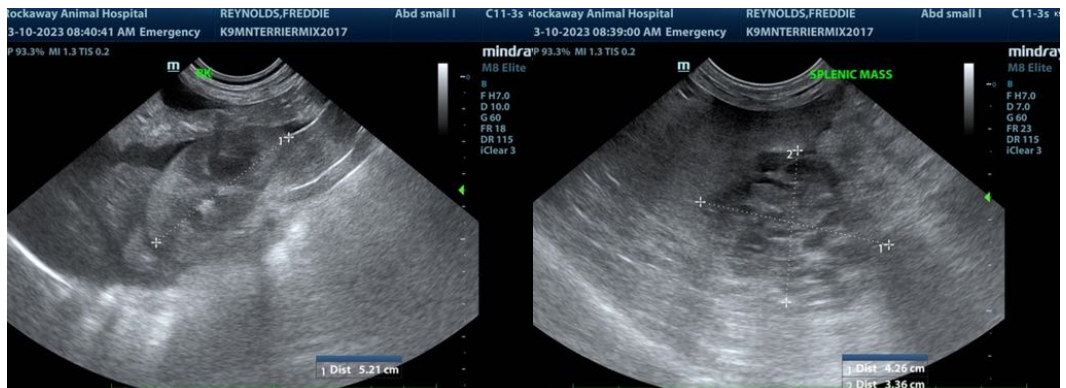
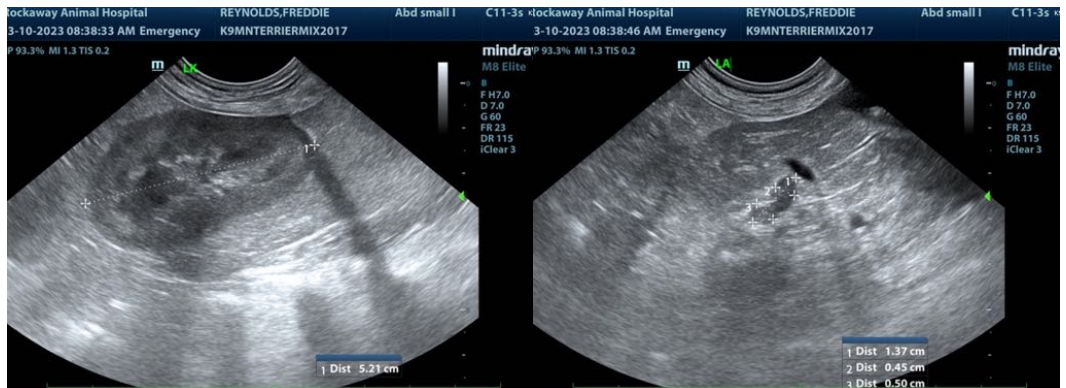
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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